

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL013044</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C</b> <b>03/29/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THE LIVING CENTER OF CONCORD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>160 WARREN C. COLEMAN BLVD. CONCORD, NC 28027</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 000}	Initial Comments  Report of Follow-up Complaint Survey by Frank Strickland and Ed Miller on 03/29/2016:  Not all cited deficiencies have been corrected on site. Therefore, a new Plan of Correction is required.	{C 000}		
{C 164}	Housekeeping and Furnishings-Clean, Repaired  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities.  This Rule is not met as evidenced by: 1- Based on observations, the facility has failed to maintain the fire-rated lay-in ceilings due to water damage.  Findings on 03/29/2016: The following locations have damaged ceiling tile and missing support grid: (a) 2ND Floor Janitor Closet. (b) 2ND Floor Men's Bathroom ceiling tile not spliced tiles not supported by grid. (c) 2ND Floor Elevator ceiling tiles not wide enough in supporting grid and warped.	{C 164}		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_